

**THOMAS HEYWARD ACADEMY**  
**Community Service Form - Grades 8<sup>th</sup> – 12<sup>th</sup>**  
**2022/2023 School Year**

\*\*Name \_\_\_\_\_ Date \_\_\_\_\_ Grade \_\_\_\_\_ Sheet of \_\_\_\_\_ TOTAL \_\_\_\_\_

Date	Name of Organization or Individual	Service Activity	Non-Paid Hours	Verified by: Print Name	Verified by: Sign Name	Phone Number

Please keep a running total (using this sheet) of your community service hours and turn in to your **HOMEROOM TEACHER ONLY!**  
 \*This form **MUST** be turned in to your **HOMEROOM TEACHER** by May 12, to be considered for an award at Academic Awards Night.  
 \*\**This line must be completed even if you attach another type of form.*